K011942

JUL 1 3 2001

Summary of Safety and Effectiveness Information **Special 510(k): Device modification** **Premarket Notification, Section 510(k)**	***Aequalis Press-fit Shoulder Prosthesis*** **Tornier S.A.**

Regulatory Authority: Safe Medical Devices Act of 1990, 21 CFR 807.92

1) Device name

Trade name:	***AEQUALIS Press-fit Shoulder Prosthesis***
Common name:	Total Shoulder System and Hemi-Shoulder System
Classification name:	- Shoulder joint, humeral (hemi-shoulder) metallic uncemented prosthesis - Shoulder joint, metal/polymer semi-constrained cemented prosthesis

2) Manufacturer

Tornier S.A.
B.P. 11 - Rue Doyen Gosse
38330 Saint Ismier - France

3) Classification

§ 888.3690 Shoulder joint humeral (hemi-shoulder) metallic uncemented prosthesis.
§ 888.3660 Shoulder joint metal/polymer semi-constrained cemented prosthesis.

Classification panel:	Orthopedic
Product code:	87 HSD and 87KWS
Device class:	Class II

4) Indications:
Primary, secondary or post-traumatic osteoarthritis, rheumatoid arthritis, severe joint pain of osteoarticular origin compromising the patients quality of life, joints which are defective in shape and function, a revision intervention on a previous arthroplasty, and disorders in which arthrodesis is not an acceptable option.

5) Device description :

The present device modification submission concerns the addition of one larger stem diameter to the previous range of Aequalis Press-fit Shoulder Prosthesis with the same indications for use already covered by the previous 510(k) clearance. The humeral head and the glenoid component are unchanged.
The manufacturing methods, intended use, packaging and sterilization of the subjected device are identical to the predicate device.

6) Materials :

The stem is made from Titanium alloy (6Al-4V-Ti) according to ISO 5832-3. It is grit-blasted on its proximal part.
The humeral head is made of Cobalt-Chromium alloy according to ISO 5832-7. The glenoid components are produced from implant grade ultra-high molecular weight polyethylene (UHMWPE) according to ISO 5834-2, with a small cobalt-chrome pin included as an opaque radiographic marker.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

JUL 1 3 2001

Ms. Irene Gossett
Regulatory Affairs Department
Tornier S.A.
161, rue Lavoisier
38330 Montbonnot
FRANCE

Re: K011942
Trade/Device Name: Aequalis Press-Fit Shoulder Prosthesis
Regulation Number: 21 CFR §888.3690, §888.3660
Regulatory Class: II
Product Code: HSD, KWS
Dated: June 6, 2001
Received: June 21, 2001

Dear Ms. Gossett:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-__. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

for Mark N Melkerson

Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number (if known): K011942

Device name: ***AEQUALIS Shoulder Prosthesis***

Indication for use:

Primary, secondary or post-traumatic osteoarthritis, rheumatoid arthritis, severe joint pain of osteoarticular origin compromising the patients quality of life, joints which are defective in shape and function, a revision intervention on a previous arthroplasty, and disorders in which arthrodesis is not an acceptable option.

PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NECESSARY

Concurrence of CDRH, Office of Device Evaluation (ODE)

for Mark N Milhern

(Division Sign-Off)
Division of General, Restorative
and Neurological Devices

510(k) Number K011942

Prescription use _____ OR Over-The-Counter Use _____

(Per 21 CFR 801.109) (Optional format 1-2-96)